

Mutual OF OMAHA



V. J. SKUTT,
PRESIDENT

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION

The Largest Exclusive Health and Accident Company in the World

December 16, 1960

As of 20 Dec.

[Redacted box]

*write
Mr. W. Whitney*

*release
material without
clearing
them*

STAT
STAT
STAT

[Redacted box] President
Government Employees Health Ass'n
P. O. Box 463
Washington, D. C.

[Redacted box]

Attached is a statistical form requested to be completed for the Civil Service Commission showing the claim experience on a quarterly basis separately for each month.

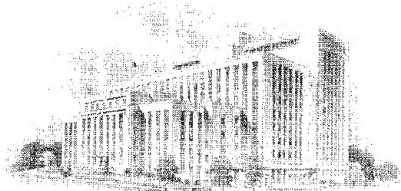
In accordance with our previous discussions, we would appreciate knowing if this report should be completed for your association.

Best personal regards.

Yours sincerely,

D. C. Whitney
D. C. Whitney, Manager
Policy Service and Statistical
Group Div.

DCW:DG
Enc.



HOME OFFICE — OMAHA, NEBRASKA

**MOSTLY SUMMARY OF ARISING CLAIMS AND CLAIM PAYMENTS
BY TYPE OF CLAIMANT, TYPE OF CLAIM, AND BY OPTION**

Type of Claimant, Type of Claim	MONTH AND YEAR					
	Total Both Options		High Option		Low Option	
	Number	Amount	Number	Amount	Number	Amount
Total (excluding unclassified*)		\$		\$		\$
Non-Maternity						
Maternity						
Employees and Dependents, Total						
Non-Maternity, Total						
Maternity, Total						
Employees, Total						
Non-Maternity						
Maternity						
Dependents, Total						
Non-Maternity						
Maternity						
Annuitants and Dependents, Total						
Non-Maternity, Total						
Maternity, Total						
Annuitants, Total						
Non-Maternity						
Maternity						
Employee Annuitant, Total						
Non-Maternity						
Maternity						
Survivor Annuitant, Total						
Non-Maternity						
Maternity						
Dependents of Annuitants, Total						
Non-Maternity						
Maternity						
Unclassified* (excluded from above Totals)						
Current month						
Adjustments for prior months						

*For claims that cannot be classified in the above categories, show number and amount for "current month." As claims are classified in subsequent months, include them in the report for the month in which they are classified and indicate in line "adjustments for prior months" the number and amounts so classified during the month.

Federal Employees Health Benefits Program

Name of Carrier _____ No. _____

Address of Carrier _____

Reporting Period _____
(inclusive dates)

CSC - BFC
NOVEMBER 1967